

# *Town of Brookline*

## *Massachusetts*



### **FY 2015 REQUEST FOR PROPOSAL (RFP) APPLICATION FOR COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS**

Program/Activity: \_\_\_\_\_

**Due:** Submit 1 signed original copy on white, 8.5" x 11" paper (collated and stapled) and send one copy electronically to [glewis@brooklinema.gov](mailto:glewis@brooklinema.gov). Packet must be received by 5:00 p.m., Tuesday, February 25, 2014.

**Questions regarding the completion of the application should be directed to Gail M. Lewis at (617) 730-2133.**

**Request for Proposals submitted after February 25, 2014 at 5:00 p.m. will not be considered for funding.**

## SECTION 2: FY 2015 REQUEST FOR PROPOSAL

Provide information as requested. Answer questions thoroughly. Attach additional information where requested.

**Please type your application.**

### I. General Information:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer IRS ID#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**If you do not presently have a DUNS number you will be required, if funded by HUD, to obtain one prior to contract execution.**

#### Certification

*"I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true."*

Signature of Authorized Representative

Date

Print Name

Title

### II. Basic Eligible Activities

**According to HUD regulations, the Community Development Block Grant's (CDBG) primary objective is to improve communities by providing decent housing; a suitable living environment; and, expanding economic opportunities "principally for persons of low- and moderate-income." As a result, all projects/activities must include some method of documentation that CDBG funds used for only one activity that benefits persons of low- to moderate-income. Basic Eligible Activities are as follows.**

Acquisition; Public Facilities; Clearance Activities; Public Services\*; Interim Assistance; Removal of Architectural Barriers; Rehabilitation and Preservation Activities; Special Economic Development Activities; Microenterprise Assistance; and Special Activities by Community Based Development Organization.

Please contact the Planning and Community Development Office prior to completing the application to ensure that your application is qualified.

*\*"Public Services, to be eligible for CDBG assistance, must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided."*

## Project Eligibility

The project requesting funding must meet at least **ONE** of the National Objectives of the CDBG program listed below:

Benefits low- and moderate-income individuals/households.

Meets a particularly urgent community development need. (Must pose threat to health and welfare of community)

Prevent or eliminate slums or blight.

**\*For National Objectives: All projects/activities should benefit low/mod income individuals or families ONLY.  
Brookline has neither areas identified as “slums or blight” or an “urgent need”, as defined by HUD.**

At least one of the objectives of your proposed request must meet the following:

**Enhance/Create Suitable Living Environment** In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.

**Create Decent Affordable Housing** The objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort (such as would be captured above under Suitable Living Environment).

**Creating Economic Opportunity** This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

The outcome that must be met by proposed activity is one of the following:

**Availability/Accessibility** This outcome category applies to activities that make services infrastructure, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. Accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- and moderate-income people.

**Affordability** This category applies to activities that provide affordability in a variety of ways in the lives of low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

**Sustainability: Promoting Livable or Viable Communities** This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

### III. Consolidated Plan Strategies

The FY 2011-2015 Consolidated Plan has been approved by HUD and the following strategies are part of that plan. Of the strategies listed, please indicate which goals your project will meet for FY2015 (Check all goals that apply within your project's applicable strategy):

#### A. Housing Strategies

- ☐ Use HOME and/or CDBG funds to underwrite the acquisition and/or rehabilitation of a single room occupancy (SRO) and/or a small unit property to create or preserve rental housing.
- ☐ Use HOME and/or CDBG funds to underwrite the acquisition and/or rehabilitation of a property to create or preserve rental housing.
- ☐ Use HOME funds (and CDBG, as appropriate) to subsidize acquisition and development or rehabilitation of a property to create ownership housing opportunities to families with moderate income.
- ☐ Use CDBG and/or HOME funds to subsidize up to an estimated four eligible households per year.

- ☐ Work with private developers to develop on-site affordable units in market-rate developments, as part of the Town's Inclusionary Zoning By-Law.
- ☐ Work with the Brookline Housing Authority (BHA) to utilize CDBG funds in ways consistent with its Capital Improvements Program.
- ☐ Make capital improvements to Brookline Housing Authority properties that are consistent with BHA planning and the needs of its target population.

**B. Homeless Strategies**

- ☐ Increase the stock of permanent supportive housing to reduce homelessness among individuals and families.
- ☐ Provide emergency and transitional shelter for homeless individuals and families.
- ☐ Provide outreach and supportive services to homeless individuals and families.

**C. Strategies to Help Persons With Special Needs**

- ☐ Provide victims of domestic violence with transitional housing, counseling, and other support.
- ☐ Provide the elderly with transportation and services that enable them to live independently and actively in the community.

**D. Community Development Strategies**

- ☐ Removal of Architectural Barrier Needs: Continue to bring public facilities into conformance with the Americans with Disabilities Act (ADA) and make other improvements to provide access to low- and moderate-income persons.
- ☐ Infrastructure Improvement Needs: Continue to improve public infrastructure in eligible areas through streetscape improvements and ADA improvements.
- ☐ Public Facilities Needs: Construct improvements to eligible park and recreation facilities to improve the quality of life for low- and moderate-income residents.
- ☐ Public Service Needs: Improve and expand social service facilities and services to meet the needs of the community.
- ☐ Provide the elderly with social services and transportation to enable them to remain living independently and staying active in their community.
- ☐ Economic Development Needs: Explore ways to effectively assist businesses in Brookline and fund commercial area improvements to assist in the success of Microenterprises and other businesses in eligible areas.

**NOTE: The following are identified as non-housing special needs and community development needs in the it Five Year Consolidated Plan. Check only one that may apply to an activity, if does not fall into strategies outlined in A—D.**

- ☐ Grant Administration
- ☐ Planning
- ☐ Provide victims of domestic violence with transitional housing, counseling, and other support.

#### IV. Proposal Application Outline

Please submit an outline for your project covering the below information. Please be as descriptive as possible and attach your outline separately:

1. **Executive Summary**

Clearly and concisely summarize your request for funding by explaining who will be served, how many will be served, what program is proposed, and the total amount of CDBG funds requested to operate this program.

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2. **Needs Statement**

Discuss the problem or need your project is designed to address. Provide sufficient data to document the needs to be met or the problem(s) to be addressed by the program. Please cite the sources of the information used.

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3. **Description of Proposed Program Project and Target Audience**

Describe the elements of your proposed program or project, including information on a target population, numbers of people to be assisted, special features, level of staffing, and where services will be delivered and how.

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4. **Goals and Objectives & Methods of Accomplishment**

a. List and describe the goals and objectives of the proposed project. Make sure that objectives are stated in measurable terms. b. Describe the activities you will use to achieve the stated goals and objectives.

a. \_\_\_\_\_

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b. \_\_\_\_\_

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5. **Strategies for Building on Community Strengths**

Explain how you intend to build on the strengths of the institutions, agencies within the Town and/or your agency in administering your program or project with limited funding.

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6. **Program Evaluation Process**

Explain how you will evaluate the results of your project. Will this occur monthly or quarterly? How will you determine that you have accomplished the project's goals and objectives? Please describe your method for obtaining this information from all clients served by your CDBG funded project or program.

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7. **Matching Funding**

Describe additional funding you have in place or anticipate applying for. Provide documentation of public and or private agencies that are committed to providing funding for your proposed program during fiscal year 2015. Include agency name, address contact person, telephone number and email address.

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8. **Fiscal Management**

CDBG funds are paid-out to grant recipients on a reimbursement basis. Please describe your agency's financial capacity to operate the project on a reimbursement basis. Describe accounting procedures to ensure accurate financial reporting and fiscal control.

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9. **Schedule of Project Activities**

Identify all of the primary tasks that will be completed as a timeline during the fiscal year as part of your program. This information will form the basis for determining how well your project is planned. It will also be used as an important monitoring tool if a grant is awarded for your project as well as determining your agency's capacity to complete the project within the funding year per HUD requirements. Add as many objectives as needed to achieve each goal.

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**V. Project/Activity Funding Request and Budget**

1. CDBG Funds Requested: \$ \_\_\_\_\_

Total Funding Anticipated to be Leveraged from other Sources: \$ \_\_\_\_\_

**Please use the Budget Summary Worksheet of p. 9 for a more specific breakdown**

*NOTE: Under no circumstances may costs incurred prior to an award of CDBG funds be eligible for reimbursement through this grant program.*

2. Check the one box that best applies to the proposed project/activity.

☐ New program

☐ Expansion of existing program. Description of such expansion:

☐ Support of Existing program (with no expansion). What type of support?

☐ New “support” program.

☐ Existing “support” program (with no expansion).

☐ Other (explain) \_\_\_\_\_

3. What is the total cost of the proposed project/activity? Attach a copy of your organization’s budget for proposed activity. Provide estimates obtained for project costs to substantiate request for funding.

a. **For public services:** Use Program Budget Form on Page 14 to provide a budget summary for the proposed project/service. Use it to estimate all costs directly related to the proposed project or service. If approved, you may be required to further itemize costs.

b. **For rehabilitation/construction projects/activities:** Attach a budget with sources and uses for the project. Your proposal must include copies of contractor and/or architect/engineer estimates. If you have applied for funding from any other source(s) for this project include any letter(s) of commitment for ongoing funds or approved funds from other source(s) to assist with the proposed project/services that you are requesting.

4. What is/are the current source(s) of funding for the project/service? What are your organization’s major source(s) of revenue to operate programs?

5. Has the organization attempted to coordinate the project/service with other agencies to avoid duplication of services?  
☐ Yes ☐ No

If yes, please explain:

- a. Identify other agencies in the Town of Brookline (including non-profit and government) that provide services similar to your proposed project/service. How do the programs differ? How do they overlap? Is there collaboration with other agencies? Do you provide interagency referrals to other agencies serving the same target beneficiaries?

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- b. Given the likelihood of continued decreases in the years to come for CDBG funding, has your agency explored executing a MOA or combining resources to sustain the viability of services your agency provides? If yes, please explain. If no,, state as such and why not an option.

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## **BUDGET SUMMARY WORKSHEET**

<b>Budget Category</b>	<b>CDBG Requested Funds</b>	<b>Other Sources that will fund activity (include amount and name of source)</b>	<b>TOTAL Project Budget</b>
a. Salary & Wages			
b. Fringe Benefits			
c. Consultant/Contract Services			
<b>TOTAL PERSONNEL BUDGET</b>			
d. Office Rent			
e. Utilities			
f. Telephone			
g. Office Supplies			
h. Equipment			
i. Printing/Duplication			
j. Travel/Conferences			
k. Other (specify)			
<b>TOTAL NON-PERSONNEL BUDGET</b>			
<b>TOTAL PROJECT BUDGET</b>			

\*Please revise this form and annotate budget items as needed.

## **SOURCE(S) OF FUNDS FOR OPERATING EXPENSES WORKSHEET**

Indicate other funding sources for your project. Include sources contacted for funding, anticipated decision dates, amount of request and funding requests for operating and capital expenditures. If anticipate multiple funding under the sources, identify each specifically.

<b>Sources</b>	<b>Decision Date</b>	<b>Amount Requested</b>	<b>Operating/ Capital</b>	<b>Commitment Date</b>
Federal Grants *				
State Grants				
Local Grants				
Non Governmental Grants				
Donations/Gifts				
Applicant Contribution				
Program Income				
Loans				
Other (specify)				
<b>TOTAL:</b>				

Please provide a description the timeline of loan and grant application dates as related to the proposed project. Specifically, for any tentative funding sources please provide application dates, award dates and funding availability dates.

\* **Do not include your agency FY 2015 CDBG Request for Funding. Only other federal grants anticipated or secured.**

## VI. Performance And Outcome Measures

The US Department of Housing and Urban Development (HUD) requires entitlement grantees to implement a performance measurement system that gathers information to determine how the programs and projects are meeting local needs. Grantee should choose which of the three outcome categories listed as objectives best reflects what the project is seeking to achieve (the results) in funding a particular activity. While maintaining the flexibility of the CDBG programs by allowing grantees to determine program objectives based on the intent of the project/activity, the system also offers a specific menu of objectives and outcomes so that reporting can be standardized, and the achievements of these programs can be aggregated to the national, state and local level.

HUD requires that all recipients of federal funds accept productivity and the impact of their programs. The following questions address your program operations and accountability.

	OBJECTIVES	MONTH OF ESTIMATED COMPLETION
<p style="text-align: center;"><b>OUTPUTS</b></p> <p><i>(Outputs are the direct project of the program's activity. They are <b>quantifiable goals</b> (numeric), typically measured in terms of the volume of work accomplished such as a number of low-income households.)</i></p>	1.	
	2.	
	3.	
<p style="text-align: center;"><b>OUTCOMES</b></p> <p><i>(Outcomes describe the intended effect of the services/activities described in the objectives. They should be realistic and attainable within the time-frame of the grant)</i></p> <p>*When determining which is the appropriate outcome, applicants should ask themselves: <u>Why am I undertaking this activity?</u></p>	1.	
	2.	
	3.	

## VII. Special Needs Populations

Please identify any special needs populations (see list below) that your project will serve if known. More than one group may be identified

Special Needs Populations	Number/Estimate Only
Persons who are homeless	
Persons with physical disabilities	
Persons with mental disabilities	
Elderly persons (62 or older)	
At-risk children and/or youth type of risk:	
Other (specify):	
Persons with multiple special needs as listed above (specify):	

## VIII. Clientele Information

Please fill out the following table:

How many persons in total will benefit from the proposed project?	
What percentage of all funds will benefit low- and moderate-income Town residents?	
When did your agency begin to provide this service?	
How many unduplicated clients did your agency serve last year?	
Of the total unduplicated clients, what percentage were new clients?	
What percentage of the total unduplicated clients are residents of the Town of Brookline?	
Given funding request, what number of clients does your agency expect to serve that are of low and moderate income? <u>Must be over 51% of program overall total served.</u>	

## Town of Brookline

### 2015 Program Year HUD Requirement Checklist

In order to determine compliance with all applicable HUD regulations and to help to ensure that projects will be eligible for CDBG funding, the Town of Brookline will need to address all HUD requirements. The purpose of this checklist is to point out areas where potential problems could arise. This checklist will help evaluate a wide array of different kinds of proposals being presented to the Town for funding. Although not every item will be applicable to every project. **Please fill checklist out entirely indicating all items which are not applicable and include it as part of your proposal application.**

<b>A. General Subrecipient Information</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Is your project eligible for CDBG funding?			
2. Are previous CDBG projects complete to the degree required?			
<b>B. Applicant's Background</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Is the applicant a legal non-profit organization or unit of government?			
2. Do the proposed clients or users of the project meet HUD Income Guidelines (see page 7 for guidelines)?			
3. Does applicant have the capability to maintain written income documentation?			
4. Has the applicant made a legal or financial commitment to a proposed project?			
5. Is the applicant primarily a religious organization?			
6. Has the applicant administered a CDBG project previously?			
7. Is your agency willing and able to provide all required reports and accountability to the Town as required by HUD?			
<b>C. Project Location and Land Use Issues</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Has a location for the project been selected?			
2. Is the proposed project within the Town's limits?			
3. Does the proposed project meet local zoning and land use laws?			
4. Are any land use permits such as a Site Review required?			
5. Have these approvals been obtained?			
6. Does the project comply with current building code requirements?			
7. Does the project meet handicapped accessibility requirements?			
<b>D. Environmental Issues</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Is the project located in the 100-year floodplain?			
2. Is a wetland located on the project site?			
3. Has any environmental contamination been identified on the project site?			
4. Has asbestos or lead paint been identified on the project site?			
5. If project involves an existing structure, was it built 1978 or earlier? If year built is known, please specify.			
6. Is the proposed project located on a major arterial or near the railroad?			
7. Is the proposed project located adjacent to an above ground flammable storage tank?			
8. Does the proposed project involve a structure that is 50 years or older?			
<b>E. Labor Requirements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Does the project involve construction over \$2,000 in cost?			
2. Will the project trigger Davis-Bacon wage requirements?			

**DISCLOSURE**

If additional space is necessary, please attach a separate sheet.

- 1. State the name(s) of any current or prior elected or appointed "official", of the Town of Brookline who may have "financial interest" in the organization or project.

Name/Title: \_\_\_\_\_

- 2. Provide the names of each "board member" of the Organization seeking CDBG funding  
Name Board, Commission, or Committee (may be attached as a separate Sheet)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_

Additional:

**If the applicant has provided names in question 1 or 2, please provide details regarding any known potential conflicts of interest in an attached narrative.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION CHECKLIST MUST BE INCLUDED WITH RFP SUBMISSION**

**General Information (Item I., Pg. 2)**

☐ Organizational Information Provided

**Consolidated Plan Strategies (Item V., Pgs. 3-4)**

☐ Goals of Program/Activity Determined (i.e. Housing, Homeless, etc.)

**Proposal Outline (Item IV., Pgs. 5-6)**

☐ Outline complete, including:

- Executive Summary
- Needs Statement
- Description of Proposed Program or Project
- Goals and Objectives
- Strategies for Building on Community Strengths
- Program Evaluation Process
- Matching Funding
- Fiscal Management

**Project/Activity Budget (Item V., Pgs. 9)**

**Performance Measures (Item VI., Pg. 10)**

☐ Outcomes and Outputs Answered

**Special Needs Populations and Clientele Information (Items VII. And VIII. Pg. 11)**

☐ Outcomes and Outputs Answered

**Checklist Pgs. 12, Disclosure for Applicants Pg. 13)**

☐ Completed

Submitted by (Name/Title): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

National Objectives Met: \_\_\_\_\_

Activity Eligibility: \_\_\_\_\_

Citation: \_\_\_\_\_

Long Term Objective (HUD defined): \_\_\_\_\_

Outcome (HUD defined): \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_